

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018167

604

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. Registrar's No.

FILED JUN 4 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. JosephLength of stay in lb
1 Monthc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1/2 mile north Chesnut St.
on Burlington R.R. TrackInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R. R. #2Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EARL

EDWARD

WILFONG

4. DATE OF DEATH

Month May

Day 28

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

4/13/1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Common

11. BIRTHPLACE (City and state or country)

Graham Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

John Wesley Wilfong

13b. MOTHER'S MAIDEN NAME

Samatha Jane Huckelberry

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Earlena Jones

Address

Council Bluffs, Ia

18. CAUSE OF DEATH (Enter only one cause per line for terminal disease)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Traumatic Shock + hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

at once

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Mangled by train

at once

DUE TO (c)

Inability to respond to whistle warning

at once

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Earl Edward Wilfong sitting on track.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 3:46 p.m.Month, Day, Year
May 28 62

1/2 mile n. of end of Chesnut St. 1/2 mi.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Burlington R.R. track

20f. CITY, TOWN, OR LOCATION

St. Joseph Mo. Rt 2

COUNTY STATE

21. I attended the deceased from

wounded body.

last seen alive on May 28, 62

Death occurred at

3:46 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Meloney, M.D.

22b. ADDRESS

214 Kuttback St. St. Joseph, Mo.

22c. DATE SIGNED

May 28 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/29/62

23c. NAME OF CEMETERY OR CREMATORY

Groves Cemetery

23d. LOCATION (City, town, or county)

Graham Missouri

24. FUNERAL DIRECTOR

Hamey Funeral Home St. Joseph, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 29, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

CERTIFICATION

BY AFFIDAVIT OF

JUN 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.